



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

<http://www.dmas.state.va.us>

# MEDICAID MEMO

**TO:** All Obstetric/Gynecological and Prenatal Care Providers, Pharmacists, and Managed Care Organizations Participating in the Virginia Medical Assistance Programs

**FROM:** Gregg A. Pane, MD, MPA, Director  
Department of Medical Assistance Services (DMAS)

**MEMO:** Special

**DATE:** 4/14/2011

**SUBJECT:** Clarification on Medicaid's Coverage of Progesterone Supplementation

The purpose of this memorandum is to provide clarification to providers regarding the Department of Medical Assistance Services' (DMAS) coverage of progesterone supplementation (e.g., Makena™, progesterone suppositories) for fee-for-service in Medicaid, FAMIS, and FAMIS MOMS. This process for coverage is effective immediately.

In a memorandum dated March 21, 2011, DMAS informed providers that it would provide coverage for Makena™, an alpha hydroxyprogesterone caproate (17P) injectable drug. In addition, DMAS informed providers that it was discontinuing an interim payment process for compounding of 17P through compounding pharmacies. DMAS is aware of the FDA's Statement on Makena™ issued on March 30, 2011 in which the FDA stated it "does not intend to take enforcement action against pharmacies that compound hydroxyprogesterone caproate based on a valid prescription"; however, a Virginia statute regulates the practice of compounding.<sup>1</sup> Therefore, DMAS' coverage and billing procedures presented in the March 21, 2011 memorandum remain applicable; however, exceptions in the Virginia Code will be considered by DMAS on a case-by-case basis. As stated in this memorandum, Medicaid enrolled providers will need to obtain Makena™ from the manufacturer or other distributor. The provider should use the Healthcare Common Procedure Coding System (HCPCS) codes when submitting the claim on all electronic (837P) and paper claims (CMS-1500) submissions. DMAS should be billed after each 250 mg / 1 mL dose is administered using HCPCS procedure code J3490 beginning March 14, 2011. Providers will need to provide DMAS with their actual invoice demonstrating their cost for Makena™.

DMAS will continue its previous policy to cover progesterone suppositories when compounded in accordance to federal and state laws/regulations. Prescriptions for progesterone suppositories may be filled by pharmacists and covered through the enrollee's Medicaid or FAMIS/FAMIS MOMS benefits in fee-for-service. Please note that as a result of recent actions taken by Centers for Medicare and Medicaid Services (CMS), many compounded products including progesterone suppositories will not adjudicate through the Point-of-Sale (POS) pharmacy claims system. DMAS is working on system changes to allow pharmacists to submit compounded progesterone suppository claims through POS that will be **implemented on July 1, 2011**; but in the interim, pharmacists must submit a DMAS Compound Prescription Claim Form (DMAS-174) for progesterone suppositories with their "usual and customary" charge. **These forms must be mailed to:**

Department of Medical Assistance Services

<sup>1</sup> See Virginia Code § 54.1-3410.2

Attention: Pharmacy Unit  
600 East Broad Street  
Richmond, VA 23219

**For Members in DMAS Contracted Managed Care Organizations (MCOs)**

Many Medicaid and FAMIS/FAMIS MOMS members are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid/FAMIS fee-for-service individuals. For more information, please contact the MCO directly. MCO contact information, including pharmacy service contacts, is available on the DMAS website at [http://dmasva.dmas.virginia.gov/Content\\_atchs/mc/mc-guide\\_p2.pdf](http://dmasva.dmas.virginia.gov/Content_atchs/mc/mc-guide_p2.pdf).

**VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the ACS Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 A.M. to 5:00 P.M. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via iEXCHANGE™ at <http://dmas.kepro.com/>.

**ELIGIBILITY VENDORS**

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. <a href="http://www.passporthealth.com">www.passporthealth.com</a> <a href="mailto:sales@passporthealth.com">sales@passporthealth.com</a> Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions – Health Services Foundation Enterprise Systems/HDX <a href="http://www.hdx.com">www.hdx.com</a> Telephone: 1 (610) 219-2322	Emdeon <a href="http://www.emdeon.com">www.emdeon.com</a> Telephone: 1 (877) 363-3666
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**“HELPLINE”**

The “HELPLINE” is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.